Weight Watchers Reimbursement Form

Instructions: Please fill out the following information, complete the checklist of items to send along with this form, sign and date. All reimbursements are taxable and will be processed through Central Payroll and mailed to your address as listed with Central Payroll. When all information is complete, please send to SOM Healthy Employees Lifestyle Program, Health Care and Benefits Division, PO Box 200130, Helena, MT 59620-0130.

Name:	Telephone Number (Cell, Home, or Work):
Employee ID#:	Policy Holder Name: Health Plan ID#: Administrator: ☐ BCBS ☐ New West
E-mail address:	Program Attended: ☐ At Work ☐ Traditional ☐ On-Line
Date Started Program:	Still Attending: ☐ Yes ☐ No If no, please provide Date Finished: _____

Required Documentation
Please send copies of all documentation, not originals, as they will not be returned to you.

☐ **Weight Loss Documentation**

This can take any form that shows the required 10% weight loss - 10% weight loss certificate or first and last pages of your membership book/log/online journal that show starting and "ending" weight. **You do <u>not</u> need to provide a copy of your entire book/log!**

☐ **Payment Record**

You must have paid for your dues before you can request reimbursement. Documentation of this could be a copy of the receipt you received when you paid your dues.

☐ **Exercise Documentation**

Documentation of your exercise routine can take any form, from a copy of a typical week from your exercise log to a written and signed statement of what you do each week. **You do <u>not</u> need to provide a copy of your entire book/log!**

I certify by signing this form all information is true and correct.

_____   _____
Signature   Date

For Office Use Only:		
Member of SOM Health Plan	☐ Yes ☐ No	
Weight Loss documentation included	☐ Yes ☐ No	
Payment Record	☐ Yes ☐ No	_____
Exercise Journal included	☐ Yes ☐ No	**Wellness Signature & Date**